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CONFIRMATION NO. 6867

<b>SERIAL NUMBER</b> 10/542,549	<b>FILING OR 371(c) DATE</b> 12/22/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P06903US0
<b>APPLICANTS</b> David Tibor Julian Liley, Camberwell, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU04/00045 01/14/2004				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2003900324 01/20/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 26
			<b>INDEPENDENT CLAIMS</b> 11	
<b>ADDRESS</b> 34082				
<b>TITLE</b> Method of monitoring brain function				
<b>FILING FEE RECEIVED</b> 2930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	